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CENTRAL INTELLIGENCE AGENCY
INFORMATION REPORT

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COUNTRY	Poland	REPORT NO.	
SUBJECT	Organization and Administration of Public Health Service	DATE DISTR.	9 May 1955
DATE OF INFO.		NO. OF PAGES	10
PLACE ACQUIRED		REQUIREMENT NO.	
		REFERENCES	50X1

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	REPORT	50X1
COUNTRY	Poland	DATE DISTR. 11 Mar. 1955 50X1
SUBJECT	Organization and Administration of Public Health Service in Poland	NO. OF PAGES 9
DATE OF INFORMATION		REFERENCES: 50X1
PLACE ACQUIRED		50X1
		50X1

THIS IS UNEVALUATED INFORMATION

National

1. The Ministry of Health (Ministerstwo Zdrowia) in Warsaw was the governmental authority that controlled the public health service. However, the Polish armed forces had an independent health service controlled by the Ministry of National Defense, and the Ministry of Internal Security had independent hospitals, clinics, and dispensaries for employees of the ministry as well as subordinate organizations, such as Security Police (UB), Border Guard (WOP), Internal Security Corps (KBW), prisoners, and forced labor workers.
2. The Ministry of Health was organized as follows. (See page 8 for Organizational Chart). Under the minister there were two vice-ministers and the following departments: Cadres, Planning, Education and Science, Treatment, Mother and Child, Sanitary and Antiepidemic, and Supply and Pharmacy. There was also a Military Bureau (Biuro Wojskowe) which was a kind of liaison and coordinating office between the Ministry of Health and the Ministry of National Defense for all medical and personnel problems. Within the Ministry there were also National Medical Specialists for the various fields of medicine. These specialists were prominent physicians, mostly professors of medical academies, who supervised activities in their respective fields of specialization, such as surgery, mental health, etc., and acted as consultants for the ministry. The National Medical Specialists submitted reports of their findings and inspections as well as proposals on organizational changes and improvements to the ministry. At the ministry level there was also a Scientific Council (Rada Naukowa) composed of prominent specialists in medicine. It was not a standing board, but was convoked, from time to time, for the evaluation of some special medical problem.
3. Directly subordinate to the Ministry of Health were the following central scientific institutes, establishments, and organizations:

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a. Ten medical academies located in Warsaw, Bialystok, Bytom, Gdansk, Krakow, Lublin, Lodz, Poznan, Szczecin, and Wroclaw.

b. Nine Scientific Institutes:

State Psychoneurological Institute in Pruszkow ¹

Mother and Child Institute (Instytut Matki i Dziecka) in Warsaw

The Pharmaceutical Institute (Instytut Farmaceutyczny) in Warsaw

The Institute of Rheumatology (Instytut Reumatologiczny) in Warsaw

The Tuberculosis Institute (Instytut Gruzielczy) in Warsaw

The Institute of Hematology (Instytut Hematologii) in Warsaw

The Institute of Medicaments (Instytut Lekow) in Warsaw

M. Curie Sklodowska Radium Institute (Instytut Radowy im. M. Curie Sklodowskiej) in Warsaw

The Institute for Improvement and Specialization of Medical Cadres (Instytut Doskonalenia i Specjalizacji Kadr Lekarskich) in Warsaw ²

c. The State Establishment of Hygiene (Panstwowy Zaklad Hygieny) in Warsaw

d. The State Medical Publication Establishment (Panstwowy Zaklad Wydawnictw Lekarskich) in Warsaw ³

e. The Main Consulting Station for Mental Health (Glowna Poradnia Zdrowia Psychicznego) in Warsaw ⁴ Source heard that other main consulting stations for different fields of medicine were planned.

f. Special clinics directly subordinate to the ministry such as: Omega and St. Joseph's Clinic in Warsaw. Very important persons from the level of the director of a department upwards were treated in these clinics.

g. Polish Red Cross (Polski Czerwony Krzyz) with its headquarters in Warsaw and branches all over the country. Source is not familiar with the activities of the Polish Red Cross except that it organized and conducted medical first-aid training in schools and villages. It also had its own publication called Zdrowie (Health).

4. The organization of public health services below the ministry level was adjusted to the governmental administrative structure of the country, and thus the 19 departments of health of voivodship national councils were supervised by the Ministry of Health: one in the city of Warsaw, one in the city of Lodz, and one in each of the other 17 voivodships.

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Voivodship (See page 9 for Organizational Chart).

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The Department of Health of the Presidium of The Voivodship National Council (Wydział Zdrowia Prezydium Wojewodzkiej Rady Narodowej) was in charge of the administration of health services in its voivodship. It was usually a small office with a senior medical doctor in charge and its organization was different in almost every voivodship. The large voivodship seats, such as Lodz, Krakow, Poznan, and Wroclaw, with populations over 100,000, had several different hospitals and a large number of dispensaries for outpatients, but the smaller ones, such as Bialystok, Lublin or Koszalin, were not so well provided for.

6. The following administrative and medical organizations were subordinate to the department of health in each voivodship:

- a. The voivodship medical specialists (specjalista wojewodzki), one for each of the special fields in medicine, such as internal medicine, surgery, mental health, contagious diseases, pediatrics, etc. They were senior doctors of medicine with experience and authority. Professors from the local medical academies or prominent specialists were usually appointed to this job. They inspected the hospitals regularly, examined difficult cases or participated in consultations, checked the management of hospitals and the professional skill of the doctors. They reported their findings with suggestions to the voivodship department of health and to the corresponding National Specialists at the Ministry of Health.
- b. One or more voivodship general hospitals (szpital wojewodzki). They were usually large hospitals with several sections such as internal medicine, surgery, pediatrics, gynecology, etc.
- c. One or more voivodship special hospitals (wojewodzki szpital specjalistyczny). Mental hospitals, hospitals for contagious diseases, tuberculosis, and special children's hospitals belonged to this category.
- d. One hospital for railroad employees (szpital kolejowy).
- e. The clinics of the medical academies located in voivodship seats were subordinate to the voivodship department of health in professional matters only and admitted patients from the voivodship area.
- f. Sanatoriums (sanatorium) for tuberculosis, special tuberculosis sanatoriums for university students, etc. The number of sanatoriums differed in each voivodship and depended somewhat on climatic conditions.
- g. Central voivodship consulting stations (centralna wojewodzka poradnia) for different categories such as mental health, antituberculosis, maternity and child health, skin and venereal diseases, antirheumatic, etc. Those consulting stations were organized like a large dispensary. They treated patients and were also responsible for the organization of the care of patients in their field for the entire voivodship area.
- h. Large cities such as Warsaw and Lodz also had so-called cooperative dispensaries (przychodnia spoldzielcza lekarzy). They were organized by doctors and specialists who worked in them privately during off duty hours.
- i. A voivodship establishment of hygiene (wojewodzki zaklad higieny) or, as it was called in some voivodships, a voivodship sanitary

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epidemiological station (wojewódzka stacja sanitarno-epidemiczna). Each consisted of laboratories and personnel which were responsible for examining water, food products, and sanitary conditions in factories, and conducted any necessary disinfection. The stations also distributed vaccines and sera to the health centers in the counties.

- j. A voivodship blood collection center (wojewódzka stacja krwiodawstwa) which organized the collection of blood from volunteers. The donors were registered, periodically medically examined, and issued a special booklet in which each donation was entered. Each volunteer could give 300 cc of blood every six weeks and was paid one zloty for one cc.
- k. A voivodship wholesale pharmacy (hurtownia farmaceutyczna). It supplied medicaments and drugs to all hospitals, medical establishments, and pharmacies in the voivodship area.
- l. A voivodship ambulance station (wojewódzka stacja pogotowia ratunkowego). In large voivodship seats such as Warsaw, Lodz, and Krakow the stations were well organized with doctors on duty, operating rooms, dispensaries, and small wards for emergency cases, X-ray equipment, and facilities for blood tests for sobriety, as well as extra ambulances for transferring patients. In smaller towns the ambulance stations consisted only of a doctor, a feldsher, male nurses, and a few ambulances for transporting emergency cases to the hospitals. Some of the voivodships had a special small medical transportation column (wojewódzka kolumna transportu sanitarnego) which consisted of several ambulances and was used for the transportation of patients from the counties to voivodship hospitals.
- m. Health service administrative offices in each county were also supervised by the voivodship department of health.

County (See page 9 for Organizational Chart).

- 7. The health service section of the presidium of a county national council (wydział zdrowia prezidium powiatowej rady narodowej) was the administrative office responsible for public health matters in the county. An experienced senior physician was usually in charge of this office which employed only a few people. Source stated that in the county of Pruszkow (N 52-10, E 20-50) a senior administrative employee was acting chief of the county health service section in 1953 to 1954 because a medical doctor was not available for this job.
- 8. Each county had the following medical institutions:
 - a. One county Hospital (szpital powiatowy) of about 80 to 100 beds with surgery, internal medicine, maternity, and contagious diseases wards. Some counties had separate hospitals for contagious diseases.
 - b. Several delivery rooms (izba porodowa). They were located in smaller towns and larger villages and consisted of wards with four to six beds and one midwife and a few nurses in charge. A gynecologist was called in difficult cases only.
 - c. A health service center (osrodek zdrowia) which normally consisted of the following:
 - (1) A chief medical doctor (kierownik osrodka zdrowia), who was usually a general practitioner.
 - (2) Sanitary office (biuro sanitarne) which was in charge of hygienic and sanitary matters and had a small laboratory. Samples for bacteriological analysis were usually sent to a voivodship epidemiological station.

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- (3) A consulting room which was usually used for inoculations.
- (4) A general dispensary (poradnia lekarska) with one or more doctors in charge.
- (5) A medical board (komisja lekarska) which was convoked from time to time and decided on all cases in the county area submitted by the regional doctors concerning sending a patient to a sanatorium; granting leaves of absence from work of over nine days; granting any amount of leave on medical grounds to workers and white-collar employees; and permission for major dental treatment such as supplying prosthesis.
- d. Special dispensaries (poradnia lekarska) with several specialists and consulting rooms for surgery, internal medicine, ophthalmology, pediatrics, gynecology, laryngology, skin diseases, X-rays, tuberculosis, anti-alcoholic treatments, and dentistry. In some county towns, the dispensaries were connected with the health service center and located in the same building; in other towns, dispensaries for every specialty were located in different places. A dispensary for any specialty usually consisted of a waiting room and a consulting room with a specialist and one nurse in charge.
- e. Factory dispensaries (ambulatorium fabryczne) which were located in all large factories and establishments and took care of the factory employees only. They were usually operated from two to three hours a day by one doctor from a nearby dispensary or hospital. Some factories employed their own doctors. Small workshops and industrial establishments had only first aid stations with a nurse in charge. Large factories also had their own dental dispensaries.
- f. A county ambulance station (powiatowa stacja pogotowia) which administered first aid in accidents and emergency calls, but was mainly responsible for the transportation of sick people from the rural areas to the county hospital on the recommendation of regional doctors. The station was open day and night and each doctor in the county town stood a 12-hour duty period in rotation. The station usually had two ambulances; in most cases an ambulance with only male nurses was sent out. Some counties had several ambulances for the transportation of patients from rural areas.
- g. Pharmacies (apteka spoleczna) which were located in all towns. Each pharmacy carried a number, e.g., Apteka Spoleczna No. 120.

Sub-County Organization

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the organization of health service in a city depended on its category, size, and number of inhabitants. As far as public health was concerned, each city and town and the rural part of each county was divided into regions and the medical care was administered by the following:

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- a. Regional doctors (lekarz rejonowy); usually general practitioners.
- b. Regional dentists (dentysta rejonowy)
- c. Regional pediatricians and gynecologists; in larger towns only.
- d. Regional health centers (rejonowy osrodek zdrowia) which were mostly small dispensaries.

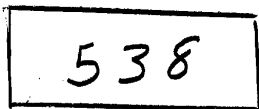
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- e. Feldshers.
- f. Regional sanitation instructor nurses (rejonowy instruktor-pielęgniarka sanitarny) who visited villages administering first-aid and giving lectures and advice on hygiene and sanitation.
10. Each regional doctor usually had one reception room where he examined the patients, administered treatments or directed them to the nearest specialist or dispensary, and issued prescriptions for medicaments. Each regional doctor cared for several thousand inhabitants and the size of his region depended on the density of the population. He was obliged to visit all bedridden patients in his region. 50X1
 only some regional doctors had cars at their disposal for this purpose. In the rural area the transportation for the doctor was usually provided by the patient. 50X1
11. The regional doctors were plagued by bureaucracy and were restricted in their medical activities by governmental laws and regulations. The most important regulation concerned leaves of absence from work given on medical grounds. Only regional doctors and hospitals could authorize a leave of absence. In each case the leave was granted for a period of three days, which could be renewed until a maximum of nine days was reached. If the patient was not fit for work after nine days absence from work, the regional doctor had to send a recommendation for an extension to the county medical board mentioned above in Para 9c (5). If the regional doctor was trusted by the medical board, the extension would be granted. Usually, however, another doctor was sent to examine the patient. The permission certificate was a special numbered form. It consisted of two parts, one of which was sent to the place of employment and the other kept by the patient, who had to hand it over to his place of employment when he returned to work. The doctor retained the stub of the certificate for further checking, and any extensions had to be recorded on the stub and on the form issued to the patient.
12. Each regional doctor had an official rubber stamp with an assigned number. In the city of Warsaw the stamps were rectangular and in the voivodship of Warsaw triangular as follows:



All certificates of leave of absence from work on medical grounds and prescriptions had to be stamped with this stamp. The doctors employed at the dispensaries or consulting stations used the official stamp assigned to that dispensary or consulting station and not their own.

13. The medical treatment administered by the regional doctor or at the dispensaries, including small operations, injections, massages, X-ray and blood tests, and vaccinations, was free. Outpatients had to pay 30% of the cost of medicaments and drugs, but those who were admitted to hospitals received everything free with the exception of the few remaining privately employed citizens and wealthy farmers who were not insured and had to pay for hospitalization.
14. All white-collar employees who received leaves of absence from work on medical grounds were paid their full salary for a period of three months. After three months of sickness, an employee was formally discharged from his job and received only 50% of his salary from the State Social Insurance Organization (Ubezpieczalnia Społeczna) for an additional 13 weeks. In such cases the patient had to receive a special certificate from a hospital stating that he needs further medical treatment and that after a specified time it is expected that he will return to his job.

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15. Day laborers absent from work on medical grounds were paid their weekly pay from their place of employment for several days only. After that they were paid by the State Social Insurance Organization but ^{50X1} [redacted] did not know how much and for how long. Those who were sick and received leaves of absence from work were paid all premiums due them on the basis of average earnings during the three months preceding their illness.
16. Doctors were restricted in the quantity and quality of medicaments and drugs that they were permitted to prescribe. They were permitted to prescribe no more than 10 tablets (up to 1953 only six tablets) of any drug, 100 to 150 grams of liquid medicine, a limited amount of ointment, and no more than six ampules of liquid for injections to one patient on one prescription. The result was that a patient had to return after two or three days for another prescription and spend much of his own and doctor's time. Only in cases of prolonged sickness such as epilepsy was a doctor permitted to prescribe a larger amount of medicaments. Each medicament or drug prescribed had to be written down separately on a special prescription form. This was also done in order to facilitate obtaining the drug because the patient usually had to look for medicaments in different pharmacies since not all of the pharmacies were equally supplied. The doctor was also restricted by the government issued official list of medicaments and was not allowed to prescribe anything that was not on the list. Only in special cases was a doctor allowed to write a prescription to a basic pharmacy (apteka baza) which had a larger variety of medicaments, including those produced in foreign countries.

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[redacted] Comment: The Polish daily, Trybuna Ludu, Nr 260 18 September 1954, published the following statement: Plans are prepared for a new allocation of regional physicians. Expansion of Warsaw increased the number of patients for individual physicians. Instead of the stipulated 4,000 patients per regional physician, this quota has been doubled in some cases, preventing the physician from performing his obligations properly. The new plan provides that a regional physician should have no more than 4,000 prospective patients.

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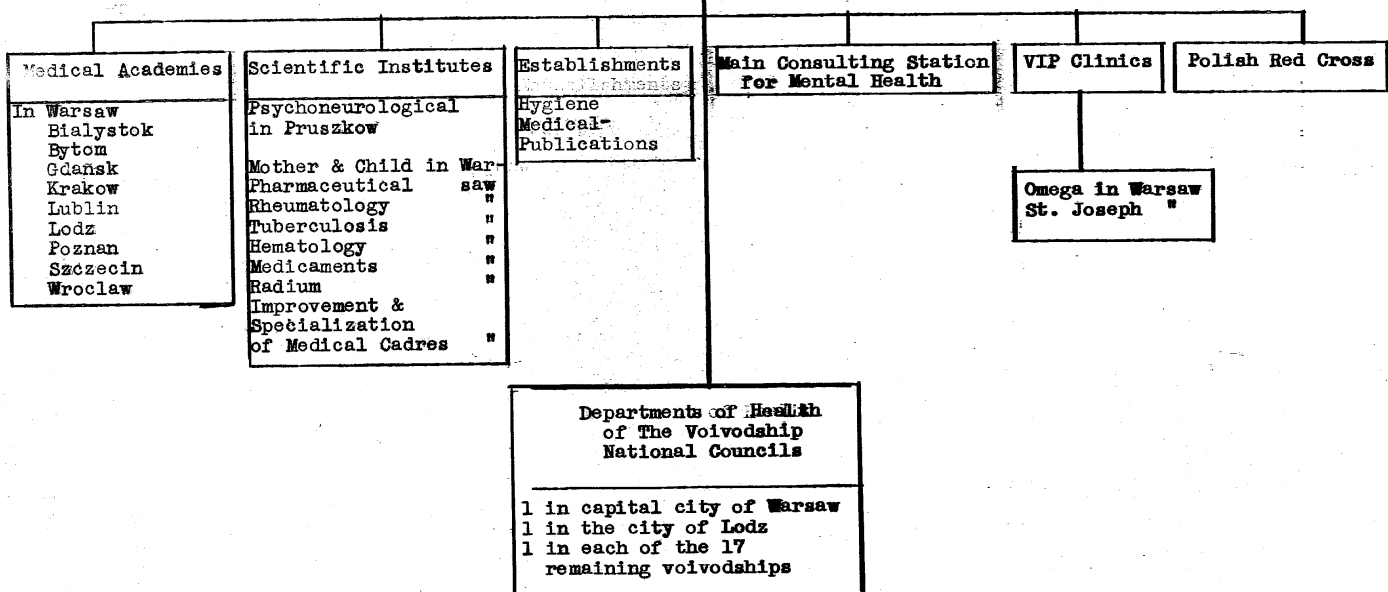
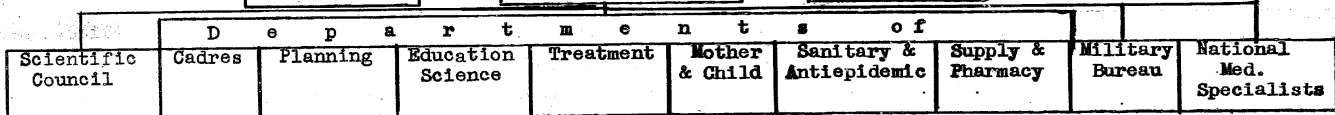
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Organizational Chart of Ministry of Health
with Subordinate Institutions and Establishments

Minister of Health

Vice-Minister

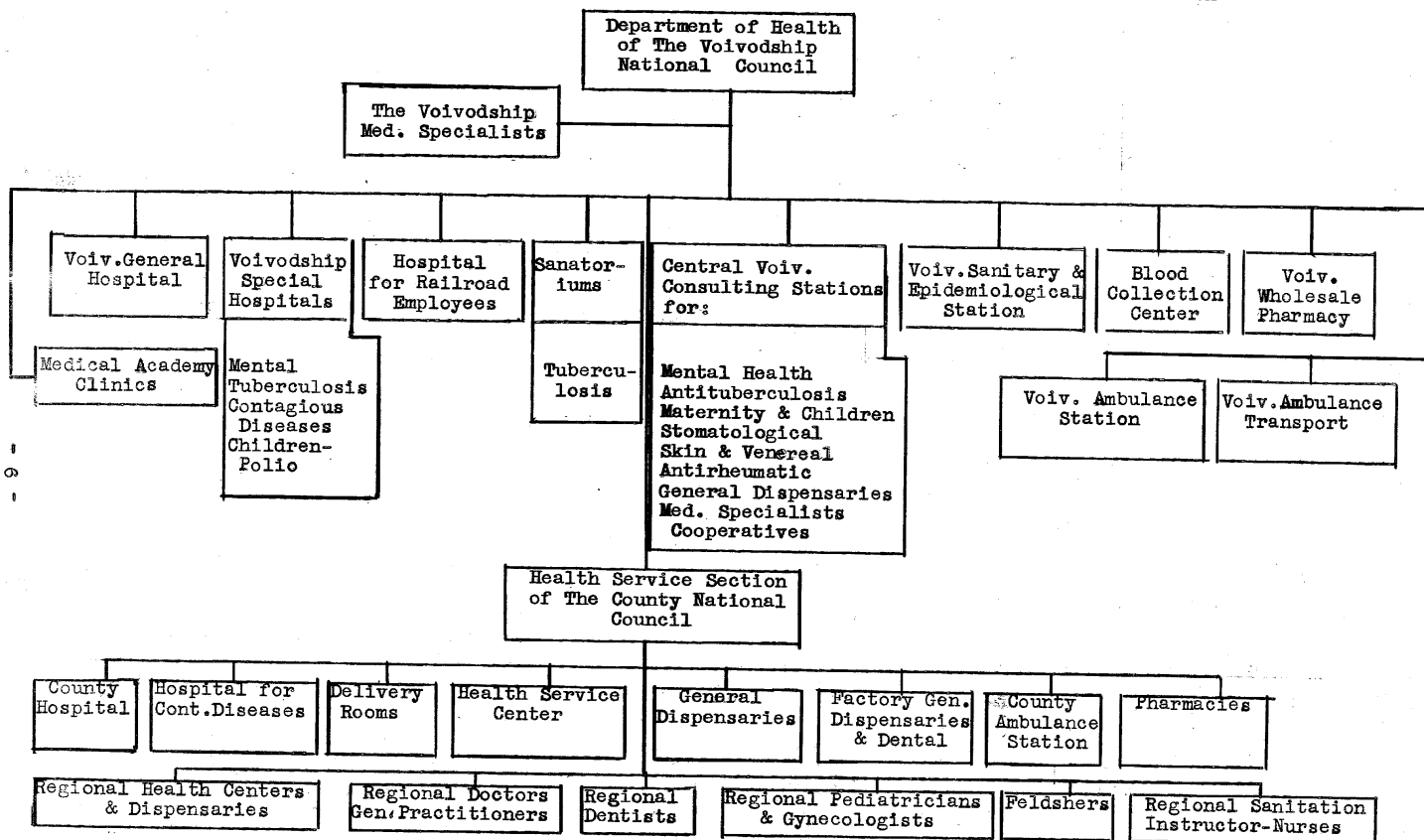
Minister's Office

Vice-Minister



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Organizational Chart of Voivodship and County Health Service Administration



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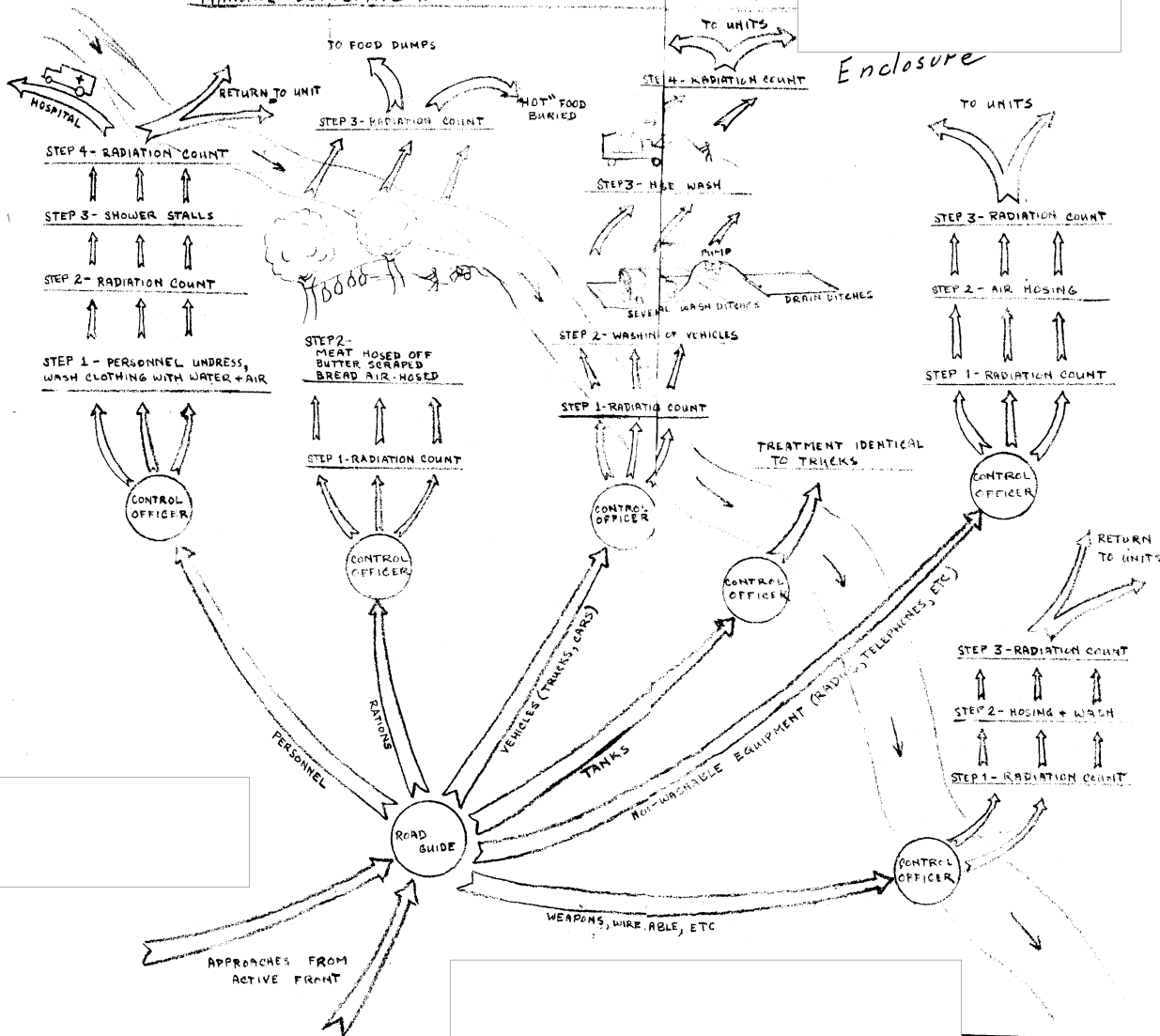
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ANNEX A

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SKETCH OF AN ILLUSTRATION FROM AN U/I ATOMIC TRAINING
MANUAL DEPICTING A RADIATION DECONTAMINATION POINT

Enclosure



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The photo master to this copy
is located in file cabinet #151
4th drawer



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